

ISSUE SLIP STAPLE AREA (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AN	43	06-27-01
O.I.P.E. CLASSIFIER		1125	7/7/01
FORMALITY REVIEW	SP		3/23/01
RESPONSE FORMALITY REVIEW	CL	1109	11-06-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/2/02
2	✓	✓	12/2/02
3	✓	✓	12/2/02
4	✓	✓	12/2/02
5	✓	✓	12/2/02
6	✓	✓	12/2/02
7	✓	✓	12/2/02
8	✓	✓	12/2/02
9	✓	✓	12/2/02
10	✓	✓	12/2/02
11	✓	✓	12/2/02
12	✓	✓	12/2/02
13	✓	✓	12/2/02
14	✓	✓	12/2/02
15	✓	✓	12/2/02
16	✓	✓	12/2/02
17	✓	✓	12/2/02
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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